

2003

Wisconsin Facilities Serving People with Developmental Disabilities

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

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December 2004

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Foreword

This annual report, formerly titled *Facilities for the Developmentally Disabled*, has been re-titled *Facilities Serving People with Developmental Disabilities*. This change in wording reflects a focus on the people who are served rather than on their disabilities.

As in previous years, this report presents key statistical information about facilities serving people with developmental disabilities (FDDs) and their clients.

The source of data for most of the information in this report is the 2003 Annual Survey of Nursing Homes. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Disability and Elder Services, Bureau of Quality Assurance; and the state's nursing home industry.

The Bureau of Health Information and Policy is a new bureau in the Division of Public Health. It comprises the former Bureau of Health Information (which was part of the Division of Health Care Financing) and selected policy staff from the Division of Public Health.

The Bureau of Health Information and Policy would like to acknowledge and thank the personnel of all Wisconsin facilities serving people with developmental disabilities who provided information about their facilities and clients.

Yiwu Zhang prepared this report. Kitty Klement, Jane Conner, LuAnn Hahn and Kim Voss implemented various aspects of data collection and editing activities. Patricia Nametz edited the report. Review and comment were provided by David Lund in the Bureau of Fee-for-Service Health Care Benefits, and Jean Kollasch in the Bureau of Quality Assurance. The report was prepared under the supervision of Judith Nugent, Chief, Health Care Information Section, and the overall direction of Susan Wood, Director, Bureau of Health Information and Policy.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. This report is available on the Department's Web site at <http://dhfs.wisconsin.gov/provider/>. Suggestions, comments and requests for additional data may be addressed to:

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Introduction

All of the information about facilities and clients in this report is derived from the 2003 Annual Survey of Nursing Homes conducted by the Wisconsin Department of Health and Family Services. Where appropriate, data from previous surveys are provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each facility reported the number of facility clients and the number of staffed beds as of December 31, 2003. Other data items, such as the number of inpatient days, were reported for all of calendar year 2003.

This report presents data from facilities serving people with developmental disabilities (FDDs), defined by Wisconsin Administrative Code HFS 134.13(13). A separate publication (*Wisconsin Nursing Homes and Residents*) presents data from nursing homes (defined by Wisconsin Administrative Code HFS 132.14 (1)), which include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), and institutions for mental diseases (IMDs).

In 2003, there were 33 FDDs licensed to provide services in Wisconsin under Administrative Code HFS 134. As in previous years, this report excludes information from the three State Centers serving people with developmental disabilities, because these facilities serve persons with severe disabilities and their staffing requirements are higher than other FDDs. Data on these excluded facilities can be found in the *Wisconsin Nursing Home Directory, 2003* (also prepared by the Bureau of Health Information and Policy, Department of Health and Family Services). The Directory is available online at <http://dhfs.wisconsin.gov/provider/nursinghomes.htm>.

FDDs in Wisconsin are licensed to treat clients with developmental disabilities, primarily due to mental retardation. For reimbursement purposes, clients of FDDs are assigned one of four levels of care, based on their service requirements, health needs and extent of maladaptive behavior. The DD1A care level is for clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Clients at the DD2 care level are adults with developmental disabilities who require active treatment with an emphasis on skills training. Clients at the DD3 level are adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Key Findings

- From 1998 to 2003, the following measures of utilization of Wisconsin facilities serving people with developmental disabilities declined.
 - ⇒ The number of FDDs decreased from 38 to 33 (13 percent).
 - ⇒ Total FDD clients declined 29 percent, from 2,006 to 1,415.
 - ⇒ The FDD utilization rate decreased from 0.38 to 0.26 clients per 1,000 total Wisconsin population.
 - ⇒ Inpatient days decreased 27 percent, from 0.73 million to 0.53 million.
 - ⇒ The number of admissions declined 21 percent between 1998 and 2003 (from 266 to 211), and the number of discharges and deaths decreased 9 percent (from 300 to 273).
- In 2003, admissions declined 28 percent from the previous year (from 294 to 211), and discharges and deaths decreased 22 percent (from 348 to 273).
- Two FDDs closed in 2003: one was a governmental home and the other a proprietary home.
- In 2003, the FDD occupancy rate statewide increased from 89.8 percent to 94.2 percent. Proprietary facilities had the highest occupancy rate (96.3 percent), and nonprofit facilities had the lowest (93.3 percent).
- In 2003, only Monroe County had an FDD occupancy rate of 100 percent, compared to three counties in 2002.
- The average per diem rate in 2003 for care received by FDD clients was \$172, up 4.9 percent from \$164 in 2002 (compared to a 7 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2003 was 2.3 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.0 percent.
- Statewide, FDDs had 1.34 FTE employees per FDD client in 2003, compared to 1.26 employees per client in 2002 and 1.22 in 2001.
- The number of FTEs in Wisconsin FDDs was down 9 percent in 2003, while the number of FDD clients as of December 31 decreased 15 percent.
- In 2003, FDDs employed 60.1 FTE nursing assistants for every 100 clients (one FTE for every 1.7 clients), up from 57.3 FTEs for every 100 clients in 2002.
- The turnover rate for nursing assistants (NAs) in FDD facilities declined for all types of ownership in 2003 except part-time NAs in proprietary facilities.
- Statewide, the turnover rate for full-time licensed practical nurses increased 4 percentage points (from 22 percent to 26 percent), but decreased for part-time LPNs by 6 points (from 26 percent to 20 percent). The turnover rate for full and part-time registered nurses increased by 7 points and 2 points, respectively.
- In 2003, the percent of nursing assistants employed by FDDs who had worked in the facility for more than one year increased statewide for both part-time and full-time NAs.
- LPN retention rates in governmental and nonprofit FDDs declined or remained the same.
- Admissions to FDDs decreased by 28 percent (from 294 to 211 clients) in 2003, by far the largest decline ever.

-
- Medicaid was the primary pay source for 86 percent of all FDD admissions in 2003, compared to 89 percent of admissions in 2002. In 2000, 96 percent of admissions used Medicaid as the primary pay source.
 - Of the FDD clients admitted in 2003, 12 percent used private-pay as primary pay source, compared with only 2 percent in 2002.
 - Twenty-six percent of FDD admissions were from another FDD or a psychiatric hospital, largely due to the closing of two FDDs in 2003.
 - In 2003, 25 percent of FDD client discharges were to board and care, assisted living and group homes, down from 31 percent in 2002.
 - Ten percent of FDD discharges were to nursing homes, compared with 6 percent in 2002.
 - Deaths constituted 27 percent of FDD discharges in 2003, compared with 16 percent in 2002.
 - From 1993 to 2003, the FDD utilization rate declined 50 percent for people aged 20-54 and 55-64, and 40 percent for people aged 65 and over.
 - The level of care distribution for FDD clients has changed over the years. In 1993, 20 percent of FDD clients on December 31 were at the DD1A level of care; at the end of 2003, 33 percent were at this level of care.
 - On December 31, 2003, Medicaid was the primary pay source for 99 percent of all FDD clients. This percent has remained stable since 1998.
 - Nine percent of FDD clients in 2003 had been in the facility less than one year, compared with 11 percent in 2002.
 - Seventy-three percent of FDD clients in 2003 had been in the facility four years or longer, the same percent as in 2002.
 - On December 31, 2003, 2 percent of FDD clients were under age 20, 58 percent were age 20-54, 19 percent were age 55-64, and the remaining 21 percent were age 65 and over.
 - Fifty-four percent of Wisconsin FDD clients in 2003 were males (53 percent in 2002).
 - Seventy-eight percent of FDD clients with Medicaid on December 31, 2003 had been eligible at the time of admission, up from 77 percent in 2002.
 - Eleven percent of FDD clients with Medicaid became eligible more than one year after admission, up from 8 percent in 2002.
 - Statewide, the percent of FDD clients on December 31 who were being physically restrained decreased from 22 percent in 2002 to 21 percent in 2003. Only 10 percent of FDD clients were being physically restrained in 2001.
 - Statewide, 55 percent of FDDs reported *no* physically restrained clients on December 31, 2003, up from 40 percent in 2002.

FDD Characteristics

Table 1. Selected Measures of Utilization, Facilities Serving People with Developmental Disabilities (FDDs), Wisconsin 1998-2003

Utilization Measure	1998	1999	2000	2001	2002	2003
As of December 31:						
Number of FDDs	38	37	37	37	35	33
Licensed Beds	2,179	2,119	2,096	2,071	1,820	1,492
Beds Set Up and Staffed	2,135	2,053	2,038	2,017	1,765	1,490
Total Clients	2,006	1,951	1,933	1,859	1,655	1,415
Rate per 1,000 population*	0.38	0.37	0.36	0.35	0.30	0.26
Clients Age 65 and Over						
Number	438	421	419	391	341	302
Percent	21.8%	21.6%	21.7%	21.0%	20.6%	21.3%
Medicaid Clients (Percent)	99.1%	99.2%	99.2%	99.2%	99.2%	98.9%
Calendar Year:						
Inpatient Days	732,307	712,104	703,297	688,918	609,710	534,936
Percent Change	-2.8%	-2.8%	-1.2%	-2.0%	-11.5%	-12.3%
Average Daily Census	2,008	1,951	1,922	1,889	1,689	1,465
Percent Occupancy**	92.2%	92.1%	91.7%	90.5%	89.8%	94.2%
Percent of Licensed Beds Not Staffed	2.0%	3.1%	2.8%	3.4%	6.2%	4.2%
Total Admissions	266	265	273	298	294	211
Total Discharges and Deaths	300	301	291	372	348	273

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

* The rate is the number of FDD clients per 1,000 total population.

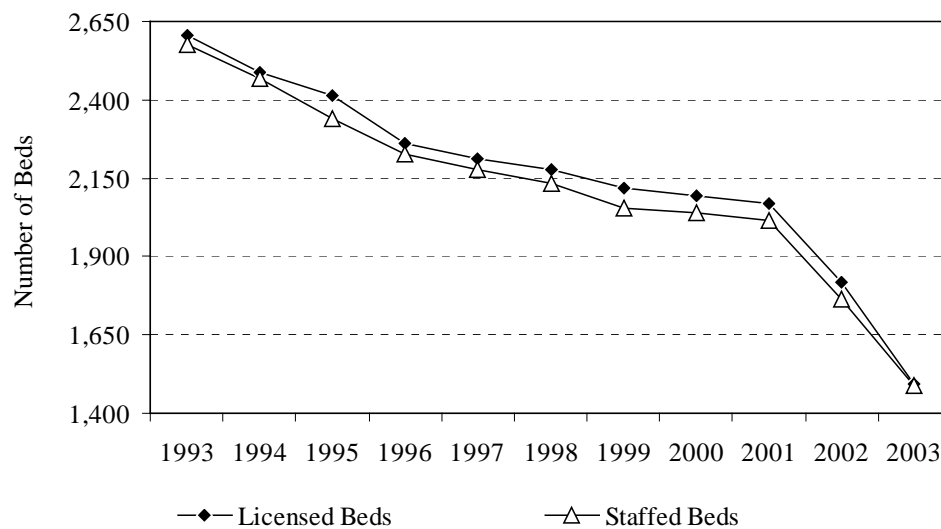
** Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31. Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

- From 1998 to 2003, there were declines in the following measures of utilization of Wisconsin facilities serving people with developmental disabilities.
 - ⇒ The number of FDDs decreased from 38 to 33 (13 percent).
 - ⇒ Total FDD clients declined 29 percent, from 2,006 to 1,415.
 - ⇒ The FDD utilization rate decreased from 0.38 to 0.26 clients per 1,000 total Wisconsin population.
 - ⇒ Inpatient days decreased 27 percent, from 0.73 million to 0.53 million.
 - ⇒ The number of admissions declined 21 percent between 1998 and 2003 (from 266 to 211), and the number of discharges and deaths decreased 9 percent (from 300 to 273).
- In contrast, percent occupancy increased from 92.2 percent to 94.2 percent.
- In 2003, admissions declined 28 percent from the previous year (from 294 to 211), and discharges and deaths decreased 22 percent (from 348 to 273).

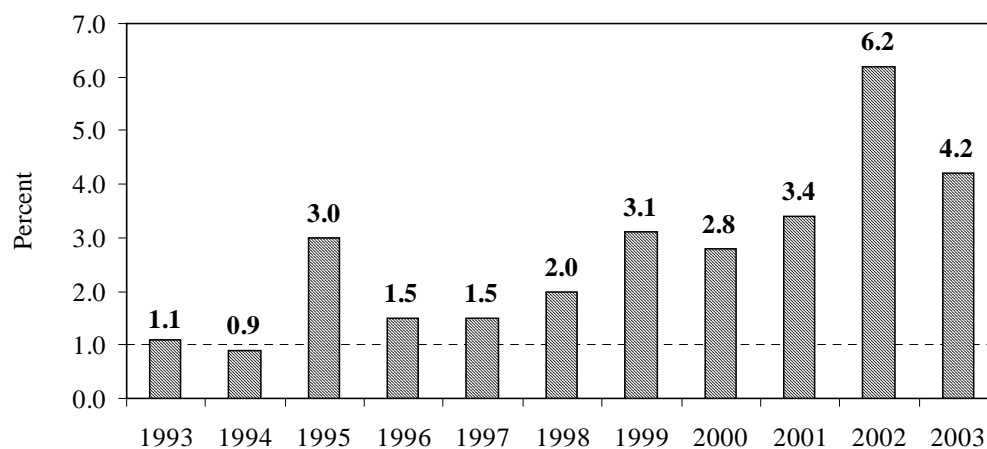
Figure 1. Number of FDD Licensed Beds and Staffed Beds, Wisconsin 1993-2003



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Health Care Financing, Department of Health and Family Services.

Note: Licensed beds means beds that are licensed, regardless of whether they are available for occupancy. Staffed beds means licensed beds that are set up, staffed, and available for occupancy.

Figure 2. Percent of FDD Licensed Beds Not Staffed, Wisconsin 1993-2003



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1993 to 2003, the number of licensed beds in facilities serving people with developmental disabilities declined 43 percent (from 2,606 to 1,492). The number of staffed beds decreased 42 percent (from 2,577 to 1,490).
- The percent of licensed FDD beds that were not staffed increased from 1.1 percent to 4.2 percent during the same period.

Table 2. FDD Capacity by Ownership and Bed Size, Wisconsin 2003

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Staffed	Percent Occupancy
	Number	Percent	Number	Percent		
All FDDs	33	100%	1,492	100%	4.2	94.2%
Facility Ownership						
Governmental	18	55	689	46	2.3	94.2
Nonprofit	8	24	567	38	6.7	93.3
Proprietary	7	21	236	16	2.9	96.3
Bed Size						
Less than 50 beds	21	64	579	39	3.2	93.1
50-99 beds	11	33	697	47	3.1	94.2
100-199 beds	0	0	0	0	0.0	0.0
200 beds and over	1	3%	216	14	9.2	97.1

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: FDD beds not staffed are licensed but not available for occupancy.

Percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).

Due to bed reductions at FDDs, occupancy rates (percent of beds not staffed and percent of occupancy) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

- Two FDDs closed in 2003: one was a governmental home and the other a proprietary home.
- In 2003, the FDD occupancy rate statewide increased from 89.8 percent to 94.2 percent. Proprietary facilities had the highest occupancy rate (96.3 percent), and nonprofit facilities had the lowest (93.3 percent).
- The occupancy rate for large FDDs (200 licensed beds or more) increased by 16 points (81 percent in 2002 to 97 percent in 2003).
- Statewide, the percent of FDD beds not staffed declined from 6.2 percent in 2002 to 4.2 percent in 2003. Non-profit facilities had the highest rate of beds not staffed (6.7 percent), followed by proprietary facilities (2.9 percent). Governmental facilities had the lowest rate of beds not staffed (2.3 percent).

Table 3. FDD Capacity by County, Wisconsin 2003

County of Location	Facilities On 12/31/03	Licensed Beds on 12/31/03	Staffed Beds on 12/31/03	Total Inpatient Days	Clients on 12/31/03*	Average Daily Census	Percent Occupancy
All	33	1,492	1,490	534,936	1,415	1,465	94.2%
Brown	4	182	182	64,545	170	176	91.1
Chippewa	1	28	28	9,716	26	27	96.4
Clark	1	34	34	11,438	34	31	89.0
Dane	1	18	18	5,823	15	16	88.9
Dodge	1	76	76	26,372	72	72	92.9
Dunn	1	46	46	16,660	44	46	94.4
Fond Du Lac	2	84	84	27,128	74	75	89.3
Grant	1	50	50	17,122	47	47	94.0
Jefferson	3	329	329	123,127	317	337	95.3
La Crosse	1	44	44	15,754	43	43	91.2
Manitowoc	2	47	47	16,156	45	44	93.6
Marinette	1	18	18	6,370	17	17	94.4
Milwaukee	2	145	145	54,401	135	149	97.3
Monroe	1	14	14	5,110	14	14	100.0
Oneida	1	83	83	31,226	81	86	97.1
Racine	1	51	51	18,443	49	51	100.0
Rock	1	24	24	8,444	23	23	95.8
Sauk	1	23	23	7,332	21	20	87.0
Shawano	1	24	24	8,426	24	23	95.8
Sheboygan	1	37	37	13,262	37	36	97.3
Trempealeau	1	44	44	15,700	42	43	97.7
Waupaca	2	43	43	15,688	39	43	89.1
Winnebago	1	19	17	6,542	17	18	94.7
Wood	1	29	29	10,151	29	28	96.6%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Average daily census is the number of clients on an average day during the year.
Percent occupancy is the average percent of licensed beds occupied during the year. Due to bed reductions at FDDs, occupancy rates (percent occupancy and percent of beds not staffed) were calculated using the average number of licensed beds in the calendar year rather than the number of licensed beds on December 31.

*The number of clients was based on the county of last private residence prior to entering the FDD.

- In 2003, only Monroe County had an FDD occupancy rate of 100 percent, compared to three counties in 2002.
- FDD inpatient days in Dane County increased 11 percent in 2003, after an increase of 14 percent in 2002. Inpatient days in Sheboygan County increased 118 percent in 2003.
- Inpatient days in Oneida County declined 20 percent in 2003.
- Inpatient days in Milwaukee County declined sharply (55 percent), due to the closure of an FDD with a bed size of 175.
- Percent occupancy increased 11 points in both Dane and Jefferson counties.

Table 4. Average Per Diem Rates in FDDs by Care Level and Primary Pay Source, Wisconsin, December 31, 2003

Level of Care	Average Per Diem Rate (in Dollars)					All Sources
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	\$183	\$180*	\$229*	0	\$0	\$183
Developmental Disabilities (DD1B)	178	178*	0	0	180*	178
Developmental Disabilities (DD2)	157	180*	204*	0	0	157
Developmental Disabilities (DD3)	121*	113*	0	0	0	120*
All Levels	\$171	\$173*	\$217*	\$0	\$180*	\$172

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of clients receiving care at a particular rate.

* The per diem rate for this category was calculated based on rates for fewer than 30 clients (rates may not be representative of typical rates).

See Technical Notes (page 33) for definitions of all level of care categories shown in this table.

- The average per diem rate in 2003 for care received by FDD clients was \$172, up 4.9 percent from \$164 in 2002 (compared to a 7 percent increase in the average per diem rate in nursing homes). The overall rate of inflation in 2003 was 2.3 percent, as measured by the consumer price index, and the inflation rate for medical care was 4.0 percent.
- The average per diem rate paid for FDD care by private sources was \$173, up from \$165 in 2002. (There were only 12 FDD clients using private pay as primary pay source in 2003 – see Table 16.)
- Two FDD clients used Family Care as primary pay source in 2003, with an average per diem rate of \$217. This rate was 27 percent higher than the Medicaid average per diem rate in 2003 (\$171). (See Technical Notes on Page 33 for a definition of the Family Care program.)
- The Medicaid rate increased 7 percent for the DD1A level of care, 6 percent for the DD1B level of care, and remained the same for the DD2 level of care in 2003. For the DD3 level of care, the Medicaid rate decreased 2 percent. (Only 22 patients received the DD3 level of care.)

Table 5. Number of FDDs Providing Services to People Not Residing in the Facility, 1998-2003, Wisconsin

Type of Service	1998	1999	2000	2001	2002	2003
Home Health Care	0	0	0	0	0	0
Supportive Home Care	1	1	1	1	2	1
Personal care	1	1	1	1	2	1
Household services	0	0	0	0	1	0
Day Services	4	4	4	3	4	4
In community setting	1	1	1	1	2	2
In FDD setting	3	3	3	2	2	2
Respite Care	7	8	8	5	6	5
In patient's home	0	0	1	0	0	0
In FDD setting	7	8	8	5	6	5
Adult Day Care	3	3	4	4	5	4
In community setting	1	1	2	1	1	1
In FDD setting	2	2	2	3	4	3
Adult Day Health Care	1	1	0	1	1	1
Congregate Meals	4	4	3	3	2	2
In community setting	3	3	2	3	2	2
In FDD setting	1	1	1	0	0	0
Home-Delivered Meals	1	1	2	1	1	1
Other Meal Services	3	3	3	2	2	2
Referral Service	2	2	2	1	1	1
Transportation	1	1	2	0	2	1

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes (page 33).
FDDs may offer specific services in more than one setting.

- Very few FDDs provide services to people not residing in the facility.
- In 2003, FDDs that provided supportive home care, respite care, adult day care, and transportation to people not residing in the facility decreased by one facility.

Table 6. Frequency of Family Council Meetings by FDD Ownership Category, Wisconsin 2003

Frequency of Meeting	Ownership Category						All Homes	
	Governmental		Nonprofit		Proprietary			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	12	67%	4	50%	6	86%	22	67%
Family Council, meets:	6	33	4	50	1	14	11	33
As often as needed	0	0	0	0	0	0	0	0
Less than quarterly	0	0	1	13	0	0	1	3
Once in three months	1	6	2	25	1	14	4	12
Once a month	2	11	0	0	0	0	2	6
Once a week	0	0	0	0	0	0	0	0
Other	3	17	1	13	0	0	4	12
Total	18	100%	8	100%	7	100%	33	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Federal Centers for Medicare and Medicaid Services (CMS) regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting resident care, treatment and quality of life. This group is referred to as a "Family Council."

- In 2003, 67 percent of Wisconsin's FDDs (22 out of 33) had no Family Council.
- Eighteen percent of FDDs had Family Councils that met once a month or once every three months.
- Fifty percent of nonprofit FDDs had Family Councils, compared to 14 percent of proprietary and 33 percent of governmental FDDs.

Table 7. FDD Employees, Wisconsin 2003

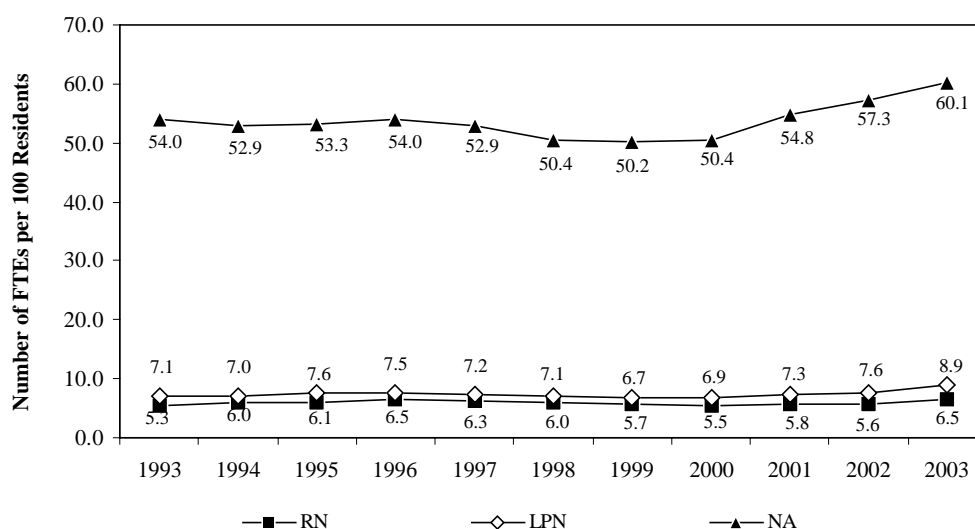
Employee Category	Full-Time Equivalent Employees (FTEs)	FTEs per 100 Clients
Nursing Services		
Registered Nurses	91.6	6.5
Licensed Practical Nurses	125.7	8.9
Nursing Assistants/Aides	850.1	60.1
Certified Medication Aides	2.5	0.2
Therapeutic Services		
Physicians and Psychiatrists	4.8	0.3
Psychologists	8.4	0.6
Dentists	0.0	0.0
Activity Directors and Staff	126.9	9.0
Physical Therapists and Assistants	3.9	0.3
Occupational Therapists and Assistants	29.0	2.0
Recreational Therapists	10.2	0.7
Restorative Speech Therapists	0.0	0.0
AODA Counsellors	5.4	0.4
Qualified Mental Retardation Specialists	48.2	3.4
Qualified Mental Health Professionals	4.1	0.3
Other Services		
Dietitians and Food Workers	148.0	10.5
Social Workers	26.2	1.9
Medical Records Staff	13.4	0.9
Administrators	27.8	2.0
Pharmacists	6.6	0.5
Other Health Prof. and Technical Personnel	64.9	4.6
Other Non-Health-Professional and Non-Technical Personnel	292.8	20.7
Statewide Total	1,890.6	133.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees is made for the first full two-week pay period in December each year.

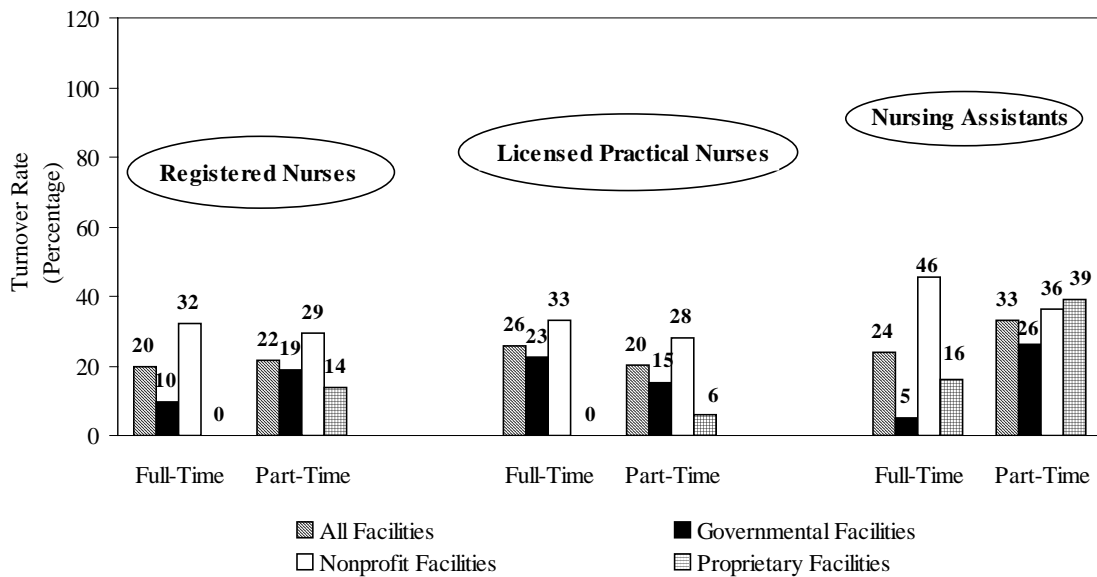
- Statewide, FDDs had 1.34 FTE employees per FDD client in 2003, compared to 1.26 employees per client in 2002 and 1.22 in 2001.
- The number of FTEs in Wisconsin FDDs was down 9 percent in 2003, while the number of FDD clients as of December 31 decreased 15 percent.
- Between 2002 and 2003, the number of FTE nursing assistants in FDDs declined 10 percent. The number of qualified mental retardation specialists was down 31 percent, while the number of dietitians and food workers decreased 17 percent.

Figure 3. Nursing Staff per 100 FDD Clients, Wisconsin 1993-2003



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

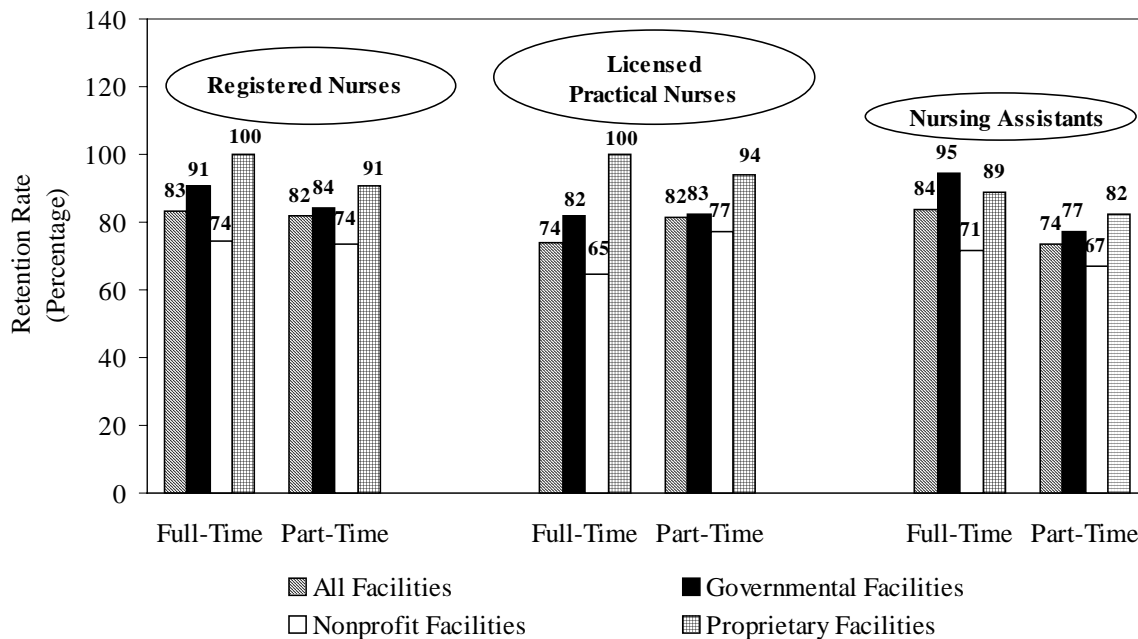
- In 2003, FDDs employed 60.1 FTE nursing assistants for every 100 clients (one FTE for every 1.7 clients), up from 57.3 FTEs for every 100 clients in 2002.
- There were 6.5 FTE registered nurses per 100 FDD clients in 2003, up slightly from 5.6 per 100 clients in 2002.
- There were 8.9 FTE licensed practical nurses per 100 FDD clients in 2003, up from 7.6 per 100 in 2002.

Figure 4. Nursing Staff Turnover Rate by Facility Ownership (FDDs), 2003

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- The turnover rate for nursing assistants (NAs) in FDD facilities declined for all types of ownership in 2003 except part-time NAs in proprietary facilities.
 - ⇒ Statewide, the turnover rate decreased from 31 percent to 24 percent for full-time NAs and from 43 percent to 33 percent for part-time NAs.
 - ⇒ For nonprofit FDDs, the turnover rate declined from 51 percent to 46 percent for full-time NAs, and from 61 percent to 36 percent for part-time NAs.
 - ⇒ For proprietary FDDs, the turnover rate decreased from 41 percent to 16 percent for full-time NAs, but increased from 35 percent to 39 percent for part-time NAs.
- Governmental FDDs experienced a decrease in turnover for full- and part-time Registered Nurses (RNs) and part-time Licensed Practical Nurses (LPNs), but the turnover rate for full-time LPNs was up by 12 percentage points.
 - ⇒ The turnover rate decreased from 11 percent to 10 percent for full-time RNs, and from 21 percent to 19 percent for part-time RNs.
 - ⇒ The turnover rate was down from 17 percent to 15 percent for part-time LPNs, but increased from 11 percent to 23 percent for full-time LPNs.
- In nonprofit FDDs, the turnover rate for full-time RNs increased 11 percentage points (from 21 percent to 32 percent), but decreased 4 points for part-time RNs. The turnover rate for part-time LPNs declined 14 points (from 42 percent to 28 percent).
- In proprietary FDDs, the turnover rate for full-time LPNs declined 13 percentage points to zero percent, and the rate for full-time RNs remained zero.
- Statewide, the turnover rate for full-time LPNs increased 4 percentage points (from 22 percent to 26 percent), but decreased for part-time LPNs by 6 points (from 26 percent to 20 percent). The turnover rate for full and part-time RNs increased by 7 points and 2 points, respectively.

Figure 5. Nursing Staff Retention Rate by Facility Ownership (FDDs), 2003

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

- In 2003, the percent of nursing assistants employed by FDDs who had worked in the facility for more than one year increased statewide for both full-time and part-time NAs.
 - ⇒ Statewide, the retention rate increased from 82 percent to 84 percent for full-time NAs and from 71 percent to 74 percent for part-time NAs.
 - ⇒ In proprietary FDDs, the retention rate jumped from 73 percent to 89 percent for full-time NAs, and from 73 percent to 82 percent for part-time NAs.
- LPN retention rates in governmental and nonprofit FDDs declined or remained the same.
 - ⇒ In governmental FDDs, the retention rate declined from 93 percent to 82 percent for full-time LPNs.
 - ⇒ In nonprofit FDDs, the retention rate declined from 96 percent to 65 percent for full-time LPNs.
- The retention rate for full-time LPNs in proprietary FDDs increased from 88 percent to 100 percent.
- The RN retention rate in nonprofit FDDs decreased 9 points for full-time RNs and 13 points for part-time RNs. RN retention rates increased slightly for governmental FDDs and remained the same for proprietary FDDs. Statewide, the retention rate for both full- and part-time RNs decreased (6 and 2 percentage points, respectively.)

Table 8. FDD Admissions by Level of Care, Wisconsin 1993-2003

Year	Level of Care at Admission				Total Admissions
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1993	---	---	---	---	308
1994	---	---	---	---	249
1995	66	71	102	10	249
1996	88	93	105	10	296
1997	87	97	62	9	255
1998	72	117	69	8	266
1999	82	107	72	4	265
2000	87	86	86	14	273
2001	98	102	85	13	298
2002	104	106	78	6	294
2003	91	76	41	3	211

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: DD (developmental disabilities) became a separate level of care in 1989; it was divided into subcategories in 1993. The Annual Survey of Nursing Homes did not collect admissions data on the new subcategories until 1995. The DD1A care level is for clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable. The DD1B level is for clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare. Clients at the DD2 care level are adults with developmental disabilities who require active treatment with an emphasis on skills training. Clients at the DD3 level are adults with developmental disabilities who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

- Admissions to FDDs decreased by 28 percent (from 294 to 211 clients) in 2003, by far the largest one-year decline ever.
- FDD clients admitted at the DD1A level of care accounted for 43 percent of all admissions in 2003, compared to 35 percent in 2002 and 27 percent in 1995.
- Admissions at the DD1A level of care decreased by 13 percent in 2003 (from 104 clients to 91 clients).
- Admissions at the DD1B level declined 28 percent (from 106 clients to 76 clients) in 2003.

Table 9. FDD Admissions by Primary Pay Source, Wisconsin 1993-2003

Year	Primary Pay Source at Admission					Total
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
1993	266	37	---	---	5	308
1994	217	26	---	---	6	249
1995	219	29	---	---	1	249
1996	242	50	---	0	4	296
1997	219	23	---	1	19	262
1998	228	35	---	1	2	266
1999	231	6	---	0	28	265
2000	261	10	---	0	2	273
2001	262	8	8	0	20	298
2002	263	7	4	1	19	294
2003	182	26	2	0	1	211

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.

Family Care was not asked about as a separate pay source until 2001. See Technical Notes, Page 33.

The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.

Totals include clients whose primary pay source at admission was not reported.

- Medicaid was the primary pay source for 86 percent of all FDD admissions in 2003, compared to 89 percent of admissions in 2002. In 2000, 96 percent of admissions used Medicaid as the primary pay source.
- The number of FDD admissions whose primary pay source was Family Care (a Medicaid-funded pilot program) declined from 4 in 2002 to 2 in 2003.
- The number of FDD admissions whose primary pay source was private pay increased from 7 to 26.

Table 10. FDD Admissions by Primary Pay Source and Level of Care, Wisconsin 2003

Level of Care At Admission	Primary Pay Source at Admission					Total Admissions
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	82	7	1	0	1	91
Developmental Disabilities (DD1B)	57	18	1	0	0	76
Developmental Disabilities (DD2)	40	1	0	0	0	41
Developmental Disabilities (DD3)	3	0	0	0	0	3
Total Admissions	182	26	2	0	1	211
Percent of Admissions	86%	12%	1%	0%	<1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 33) for definitions of all level of care categories.

- Of the FDD clients admitted in 2003 who used Medicaid as primary pay source, 45 percent were at the DD1A level of care (35 percent in 2002), 31 percent were at the DD1B level (33 percent in 2002), 22 percent were at the DD2 level (29 percent in 2002), and the remaining 2 percent were at the DD3 level of care. (Note that clients with Family Care are counted separately, although the Family Care benefit is funded by Medicaid.)
- Twelve percent of FDD admissions in 2003 were private-pay, compared with only 2 percent in 2002.

Table 11. FDD Admissions by Age and Level of Care, Wisconsin 2003

Level of Care At Admission	Age at Admission						Total Admissions
	<20	20-54	55-64	65-74	75-84	85+	
Developmental Disabilities (DD1A)	15	52	17	4	2	1	91
Developmental Disabilities (DD1B)	5	56	10	5	0	0	76
Developmental Disabilities (DD2)	1	29	6	5	0	0	41
Developmental Disabilities (DD3)	0	1	2	0	0	0	3
Total Admissions	21	138	35	14	2	1	211
Percent of Admissions	10%	65%	17%	7%	1%	<1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: See Technical Notes (page 33) for definitions of all level of care categories.

- Eight percent of FDD clients admitted in 2003 were 65 years of age and older, compared with 9 percent in 2002 and 7 percent in 2001.
- Ten percent of FDD clients admitted in 2003 were younger than 20 years of age, compared to 7 percent in 2002.
- In 2003, 65 percent of FDD admissions were aged 20 to 54, compared with 68 percent in 2002 and 72 percent in 2001.

Table 12. FDD Admissions by Care Location Prior to Admission, Wisconsin 2003

Care Location	Admissions	
	Number	Percent
Private home/apt. with no home health services	61	29%
Private home/apt. with home health services	7	3
Board and care/assisted living/group home	39	18
Nursing home	15	7
Acute care hospital	24	11
Other FDD or psychiatric hospital	55	26
Rehabilitation hospital	3	1
Other	7	3
Total Admissions	211	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Twenty-six percent of FDD admissions were from another FDD or a psychiatric hospital, largely due to the closing of two FDDs in 2003.
- Twenty-nine percent of FDD clients admitted in 2003 came from private residences and were not receiving home health services prior to admission (compared to 22 percent in 2002), and 3 percent were admitted from private residences with home health services (same as in 2002).
- In 2003, 11 percent of FDD admissions were from acute-care hospitals. In 2000, 17 percent of FDD admissions were from acute-care hospitals.
- Seven percent of admissions were from nursing homes in 2003, compared to 4 percent in 2002.

Table 13. Discharge Status or Care Destination of FDD Clients Discharged, Wisconsin 2003

Discharge Status/ Care Destination	Discharges/Deaths	
	Number	Percent
Private home/apt. with no home health services	41	15%
Private home/apt. with home health services	10	4
Board and care/assisted living/group home	68	25
Nursing home	28	10
Acute care hospital	12	4
Other FDD or psychiatric hospital	36	13
Rehabilitation hospital	3	1
Other	2	1
Deceased	73	27
Total	273	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- In 2003, 25 percent of FDD client discharges were to board and care, assisted living and group homes, down from 31 percent in 2002.
- Ten percent of FDD discharges were to nursing homes, compared with 6 percent in 2002.
- Fifteen percent of FDD discharges were to private homes with no home health care in 2003, compared to 16 percent in 2002. The percent of discharges to private homes with home health care increased from 3 percent to 4 percent.
- The percent of discharges to other FDDs or psychiatric hospitals declined from 20 percent to 13 percent.
- Deaths constituted 27 percent of FDD discharges in 2003, compared with 16 percent in 2002.

Table 14. Age-Specific FDD Utilization Rates, Wisconsin 1993-2003

Year	Age-Specific Rates per 1,000 Population			
	Under 20	20-54	55-64	65+
1993	<0.1	0.6	1.0	0.7
1994	<0.1	0.6	0.9	0.7
1995	<0.1	0.5	0.9	0.7
1996	<0.1	0.5	0.8	0.7
1997	<0.1	0.5	0.8	0.7
1998	<0.1	0.5	0.8	0.6
1999	<0.1	0.4	0.8	0.6
2000	<0.1	0.4	0.7	0.6
2001	<0.1	0.4	0.7	0.6
2002	<0.1	0.4	0.6	0.5
2003	<0.1	0.3	0.5	0.4

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of FDD clients in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.

Age groups in the annual survey changed somewhat over the years, but the effect of these changes on FDD utilization rates was minimal.

- The FDD utilization rate among people aged 55 to 64 declined 12 percent from 2002 to 2003.
- From 1993 to 2003, the FDD utilization rate declined 50 percent for people aged 20-54 and 55-64, and 40 percent for people aged 65 and over.

Table 15. Percent of FDD Clients by Level of Care, Wisconsin, December 31, 1993-2003

Year	Level of Care				Total
	Developmental Disabilities (DD1A)	Developmental Disabilities (DD1B)	Developmental Disabilities (DD2)	Developmental Disabilities (DD3)	
1993	20%	27%	45%	8%	2,401
1994	21	29	44	7	2,319
1995	22	29	43	6	2,188
1996	24	29	42	6	2,121
1997	24	29	41	6	2,038
1998	24	30	41	5	2,004
1999	25	29	42	4	1,949
2000	24	29	43	4	1,933
2001	25	30	41	4	1,859
2002	29	31	39	2	1,655
2003	33	31	34	2	1,415

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Totals do not include clients whose level of care was not reported.
See Technical Notes (page 33) for definitions of all level of care categories.

- The level of care distribution for FDD clients has changed over the years. In 1993, 20 percent of FDD clients on December 31 were at the DD1A level of care; at the end of 2003, 33 percent were at this level of care.
- Twenty-seven percent of clients were at the DD1B level of care in 1993, while 31 percent were at this level of care in 2003.
- Forty-five percent of clients were at the DD2 level of care in 1993, compared to 34 percent in 2003.
- In 1993, 8 percent of FDD clients were at the DD3 level of care. In 2003, 2 percent were at this level of care.

Table 16. Number of FDD Clients by Primary Pay Source and Level of Care, Wisconsin, December 31, 2003

Level of Care	Primary Pay Source on December 31					Total
	Medicaid	Private Pay	Family Care	Managed Care	Other Sources	
Developmental Disabilities (DD1A)	471	1	1	0	0	473
Developmental Disabilities (DD1B)	428	7	0	0	1	436
Developmental Disabilities (DD2)	479	3	1	0	0	483
Developmental Disabilities (DD3)	22	1	0	0	0	23
Total Clients	1,400	12	2	0	1	1,415
Percent of All Clients	99%	1%	<1%	0	<1%	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The category "Other Sources" includes mostly clients whose primary pay source was the Department of Veterans Affairs.

See Technical Notes (page 33) for definitions of all level of care categories.

- On December 31, 2003 Medicaid was the primary pay source for 99 percent of all FDD clients. This percent has remained stable since 1998.
- Among FDD clients with Medicaid as primary pay source in 2003, 34 percent were at the DD1A level of care (compared to 29 percent in 2002), 31 percent were at the DD1B level of care (same as in 2002), 34 percent were at the DD2 level of care (down from 39 percent in 2002), and 2 percent were at the DD3 level of care (same as in 2002).

Table 17. Percent of FDD Clients by Age and Primary Disabling Diagnosis, Wisconsin, December 31, 2003

Primary Disabling Diagnosis	Age Group					Total
	<20	20-54	55-64	65-74	75+	
Mental Retardation	89%	93%	96%	99%	94%	94%
Cerebral Palsy	0	1	1	1	1	1
Epilepsy	0	0	0	0	0	0
Autism	4	1	0	0	1	1
Multiple Developmental Disabilities	4	2	1	1	2	2
Other Developmental Disabilities	4	1	1	0	1	1
Subtotal of Developmental Disabilities	100%	99%	99%	100%	99%	99%
All Other Conditions	0%	1%	1%	0%	1%	1%
Total	100%	100%	100%	100%	100%	100%
Number of Clients	28	814	271	158	144	1,415

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- On December 31, 2003, 94 percent of all FDD clients had mental retardation as their primary diagnosis, up 1 percentage point from 2002.
- Among the clients who had mental retardation as their primary diagnosis, 59 percent were under age 55 and 21 percent were age 65 and older.

Table 18. Length of Stay of FDD Clients, Wisconsin, December 31, 2003

Length of Stay	Number	Percent
Less than 1 year	122	9%
Less than 31 days	21	1
31 days to 99 days	26	2
100 days to 180 days	22	2
181 days to 364 days	53	4
1-2 years	130	9
2-3 years	66	5
3-4 years	67	5
4 or more years	1,030	73
Total	1,415	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

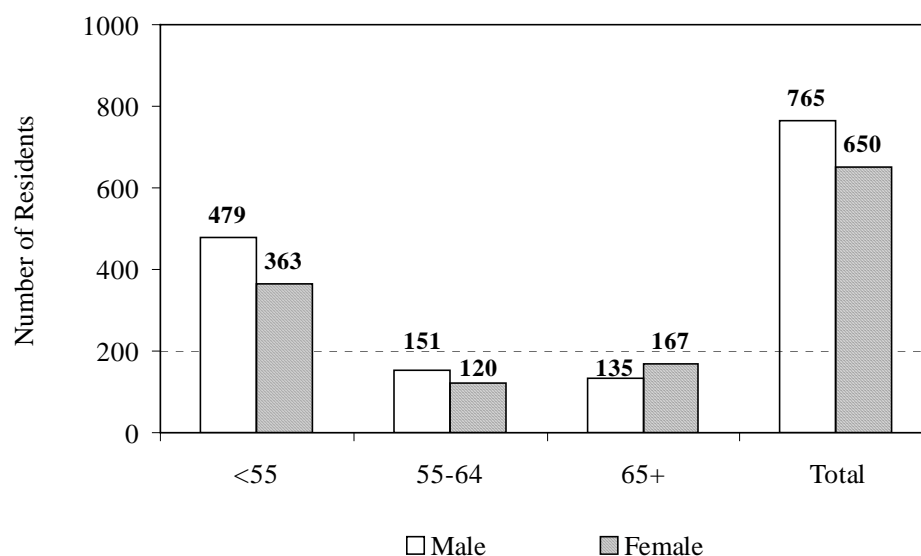
- Nine percent of FDD clients in 2003 had been in the facility less than one year, compared with 11 percent in 2002.
- Seventy-three percent of FDD clients in 2003 had been in the facility four years or longer, the same percent as in 2002.
- The percent of FDD clients who had been in the facility for one to two years increased from 6 percent in 2002 to 9 percent in 2003.

Table 19. Age of FDD Clients, Wisconsin, December 31, 2003

Age of Client	Number	Percent
Less than 20 years	28	2%
20-54 years	814	58
55-64 years	271	19
65-74 years	158	11
75-84 years	107	8
85+ years	37	3
All ages	1,415	100%
65+ years	302	21%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

Figure 6. Percent of FDD Clients by Age and Sex, Wisconsin, December 31, 2003


Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- On December 31, 2003, 2 percent of FDD clients were under age 20, 58 percent were age 20-54, 19 percent were age 55-64, and the remaining 21 percent were age 65 and over.
- Fifty-four percent of Wisconsin FDD clients in 2003 were males (53 percent in 2002).
- Male FDD clients outnumbered female clients in all age groups except 65 and over.

Table 20. Percent of FDD Clients by Age, Wisconsin, 1993-2003

Year	Age Group				
	<20	20-54	55-64	65-74	75+
1993	1.9%	60.8%	16.9%	13.1%	7.3%
1994	2.2	60.7	16.3	13.0	7.8
1995	2.0	60.7	16.3	13.0	8.0
1996	2.3	59.2	16.0	13.7	8.9
1997	2.4	58.5	17.1	12.8	9.2
1998	1.7	58.9	17.5	12.5	9.3
1999	1.5	59.3	17.6	12.8	8.8
2000	1.2	59.9	17.2	13.2	8.5
2001	1.8	58.4	18.8	12.3	8.8
2002	1.5	58.5	19.5	11.7	8.9
2003	2.0%	57.5%	19.2%	11.2%	10.2%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- From 1993 to 2003, the age distribution of FDD clients changed slightly, with increases of 2 to 3 percentage points in some older age groups (ages 55-64 and 75+).
- The percent of FDD clients under age 55 declined from 63 percent in 1993 to 60 percent in 2003.
- The percent of FDD clients aged 75 and over increased from 7.3 percent in 1993 to 10.2 percent in 2003.

Table 21. Legal Status of FDD Clients, Wisconsin, December 31, 2003

Total Clients	Placed Under Chapter 51		Has Court-Appointed Guardian		Protectively Placed Under Chapter 55		Has Activated Power of Attorney for Health Care	
Number	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1,415	173	12%	1,379	97%	1,260	89%	86	6%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percents were based on the total number of facility clients on December 31, 2001.

- In 2003, 12 percent of FDD clients (vs. 14 percent in 2002) had been placed in the facility under Chapter 51, Wisconsin Statutes (the Mental Health Act), to receive integrated treatment and rehabilitative services.
- Ninety-seven percent of FDD clients in 2003 (the same as in 2002) had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make decisions about health care and other matters after a court determines that a person is incompetent to do so.
- Eighty-nine percent of FDD clients had been protectively placed in the facility under Chapter 55, Wisconsin Statutes (the Protective Services Act), down from 91 percent in 2002.
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Six percent of FDD clients were reported to have an activated power of attorney for health care in 2003, up from 1 percent in 2002.

Table 22. FDD Clients With Medicaid as Primary Pay Source by Eligibility Date, Wisconsin, December 31, 2003

Eligibility Date for Medicaid	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
At time of admission	587	77%	506	79%	1,093	78%
1-30 days after admission	6	1	5	1	11	1
31 days–1 year after admission	9	1	5	1	14	1
More than 1 year after admission	64	8	83	13	147	11
Unknown	95	12	40	6	135	10
Total	761	100%	639	100%	1,400	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Seventy-eight percent of FDD clients with Medicaid on December 31, 2003 had been eligible at the time of admission, up from 77 percent in 2002.
- Eleven percent of FDD clients with Medicaid became eligible more than one year after admission, up from 8 percent in 2002.

Table 23. Number of FDD Clients Who Ever Received Pre-Admission Screening and Resident Review (PASRR), Wisconsin, December 31, 2003

	Number of Clients
Ever received PASRR Level II screen	171
Needed DD services	170
Needed MI services	0
Total clients on Dec. 31	1,415
Number of Facilities	33

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The federal Pre-Admission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing home and all current clients of Medicaid-certified nursing facilities, irrespective of pay source. (The PASRR process is not required for admissions to FDDs. Data reported here may reflect screens received by FDD clients who were once considering admission to a nursing facility or may have resided in a nursing facility.)

The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability:

- (1) are placed in a nursing facility only when their needs:
 - (a) cannot be met in an appropriate community placement; and
 - (b) do not require the specialized care and treatment of a psychiatric hospital; and
- (2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

The **Level I screen** consists of six questions that look behind diagnosis and currently prescribed medication to identify individuals with symptoms that may indicate the person has a serious mental illness or developmental disability.

The **Level II screen** is used (1) to determine whether the person meets the criteria in the federal definition of serious mental illness or developmental disability; (2) if so, whether the person needs institutional care, and whether a nursing facility is the most appropriate setting; and (3) whether the person needs specialized services.

- In 2003, a total of 171 FDD clients were reported to have ever received a PASRR Level II screen. (No data were collected on Level I screens.)
- Of FDD clients who had received this screening, 170 were determined to need special services for developmental disabilities.

FDD Clients

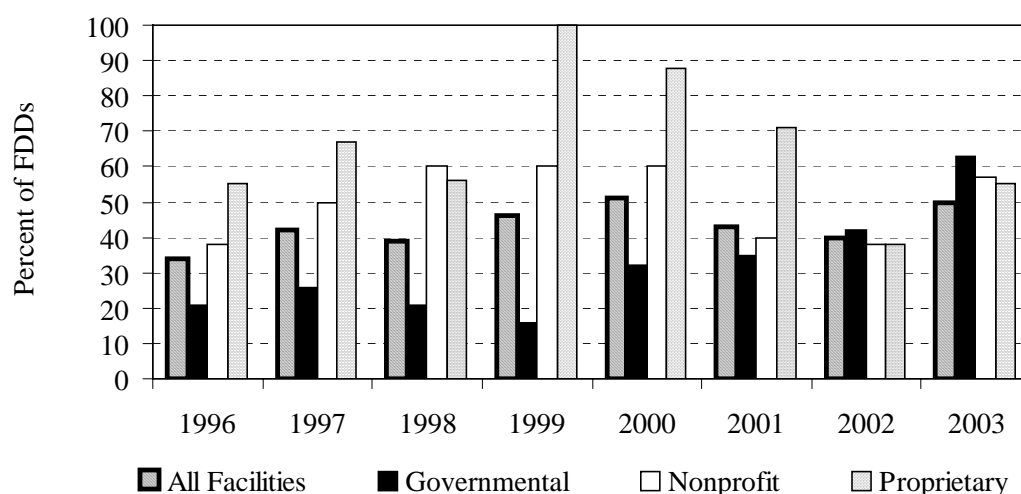
Table 24. Use of Physical Restraints Among FDD Clients, by Facility Ownership, Wisconsin, December 31, 2003

	Ownership						All FDDs Number Percent	
	Governmental Number Percent	Nonprofit Number Percent	Proprietary Number Percent					
Total Clients	661	100%	529	100%	225	100%	1,415	100%
Physically restrained	43	7%	229	43%	32	14%	304	21%
Total FDDs	18	100%	8	100%	7	100%	33	100%
FDDs reporting no physically restrained clients	9	50%	5	63%	4	57%	18	55%

Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The survey asks facilities to report the number of clients on December 31 who are “physically restrained.”

Figure 7. Percent of FDDs With No Physically Restrained Clients, by Facility Ownership, Wisconsin, December 31, 1996-2003



Source: Annual Survey of Nursing Homes, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Statewide, the percent of FDD clients on December 31 who were being physically restrained decreased from 22 percent in 2002 (not shown) to 21 percent in 2003 (Table 24). Only 10 percent of FDD clients were physically restrained in 2001.
- Fourteen percent of clients in proprietary FDDs were being physically restrained in 2003, a decline from 22 percent in 2002. The percent being physically restrained in governmental FDDs also decreased, from 11 percent to 7 percent. The percent of physically restrained clients in nonprofit FDDs increased from 37 percent to 43 percent.
- Statewide, 55 percent of FDDs reported *no* physically restrained clients on December 31, 2003, up from 40 percent in 2002 (Figure 7).
- Fifty percent of governmental FDDs, 63 percent of nonprofit FDDs, and 57 percent of proprietary FDDs reported *no* physically restrained clients on December 31, 2003, all increased from 2002.

Technical Notes

Licensed Beds and Staffed Beds Definitions

- **Licensed Beds:** Beds that are licensed, regardless of whether they are available for occupancy.
- **Staffed Beds:** Licensed beds that are set up, staffed, and available for occupancy.

Level of Care Definitions

- **DD1A Care Level:** Clients with developmental disabilities who require active treatment and whose health status is fragile, unstable or relatively unstable.
- **DD1B Care Level:** Clients with developmental disabilities who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.
- **DD2 Care Level:** Developmentally disabled adults who require active treatment with an emphasis on skills training.
- **DD3 Care Level:** Developmentally disabled adults who require active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Family Care (Tables 4, 9)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. The programs in four of these nine counties (Kenosha, Marathon, Trempealeau, and Jackson counties) have resource centers only, and do not reimburse for FDD care. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual’s needs, circumstances, and preferences.

For details of the services provided by Family Care, please visit:
<http://dhfs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm>

Definitions of Services to Non-Clients (Table 5)

(Definitions provided by staff in the Wisconsin Division of Disability and Elder Services, Bureau of Aging and Long-Term Care Resources)

- **Home Health Care:** Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.
- **Supportive Home Care:** Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.
- **Day Services:** Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.
- **Respite Care:** Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.
- **Adult Day (Health) Care:** Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Services include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.
- **Congregate Meals:** Meals provided to persons in supportive service settings to promote adequate nutrition and socialization. Nutrition education is an integral but subordinate part of this program.
- **Home-Delivered Meals:** In-home meals provided to persons at risk for inadequate nutrition.
- **Referral Service:** Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

- **Transportation:** Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

2003 ANNUAL SURVEY OF NURSING HOMES

If Medicaid-certified, the completed Annual Survey of Nursing Homes is due to the Department by February 1 of each year, unless the Department allows a maximum 28-day extension. The Department shall establish and implement policies to withhold payment to a provider, or decrease or freeze payment rates, if a provider does not submit annual survey forms and respond to the Department by the due date. See page 16 for detailed information.

Correct information on the label below if it is inaccurate or incomplete.

FOR OFFICE USE ONLY	
CERTIFICATION	<input type="checkbox"/>
HIGHEST LEVEL	<input type="checkbox"/>
BATCH	<input type="checkbox"/>
BATCHCOR	<input type="checkbox"/>

Geographic location of facility (may differ from post office name in mailing address).

(CHECK ONE)

- ☐ 1. City Name of city, village or town _____
- ☐ 2. Village What county is nursing home located in? _____
- ☐ 3. Town

NUMBER OF RESIDENTS
IN THE FACILITY ON
DECEMBER 31, 2003

Return the *PINK COPY* of the survey no later than February 1, 2004, to

Bureau of Health Information
Division of Health Care Financing
ATTN: Jane Conner, Rm. 672
P. O. Box 309
Madison, Wisconsin 53701-0309

REPORT ALL DATA FOR A 12-MONTH PERIOD (365 DAYS), JANUARY 1, 2003 THROUGH DECEMBER 31, 2003

Refer to Instructions and Definitions accompanying this form.

A. FACILITY INFORMATION

1. Was this facility in operation for the entire calendar year of 2003? ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2003, or ended before December 31, 2003,
list those dates of operation below.

Beginning Date

Month Day '03

Ending Date

Month Day '03

Days of Operation

2. CONTROL: Indicate the type of organization that controls the facility and establishes its overall operating policy.

(CHECK ONE)

Governmental

- ☐ 10. City
☐ 11. County
☐ 12. State
☐ 13. Federal
☐ 14. City/County
☐ 15. Tribal Government

Non-governmental/Not-For-Profit

- ☐ 20. Nonprofit Corporation
☐ 21. Nonprofit Church
☐ 22. Nonprofit Association
☐ 23. Nonprofit Church/Corporation
☐ 24. Nonprofit Limited Liability Company
☐ 25. Nonprofit Trust
☐ 26. Private Nonprofit

Investor-Owned/For Profit

- ☐ 30. Individual
☐ 31. Partnership
☐ 32. Corporation
☐ 33. Limited Liability Company
☐ 34. Limited Liability Partnership
☐ 35. Trust

3. Has the controlling organization through a contract, placed responsibility for the daily administration of the nursing facility with another organization? ☐ 1. Yes ☐ 2. No

If yes, indicate below the classification code of the contracted organization (for example, 32 for an investor-owned, for-profit corporation, see page 1, item A.2.). (code)

4. Is the facility operated in conjunction with a hospital (e.g., owned, leased or sponsored)? ☐ 1. Yes ☐ 2. No

5. Is the facility operated in conjunction with a community-based residential facility (CBRF)? ☐ 1. Yes ☐ 2. No

6. Is the facility operated in conjunction with a residential care apartment complex (RCAC)? ☐ 1. Yes ☐ 2. No

7. Is the facility operated in conjunction with housing for the elderly, or similar organization? ☐ 1. Yes ☐ 2. No

8. Is the facility operated in conjunction with a home health agency? ☐ 1. Yes ☐ 2. No

9. Is the facility certified as a Medicaid facility (Title 19)? ☐ 1. Yes ☐ 2. No

10. Is all or part of the facility certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

If yes, indicate the number of Medicare-certified beds _____

11. Is the facility accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing long term care? ☐ 1. Yes ☐ 2. No

12. Does the facility have a contract with a HMO for providing services? ☐ 1. Yes ☐ 2. No

13. Does the facility have a locked unit? ☐ 1. Yes ☐ 2. No

If yes, how many beds? _____

14. Does the facility utilize formal wandering precautions, e.g., Wanderguard Systems/bracelets? ☐ 1. Yes ☐ 2. No

If yes, how many of the residents in the facility on December 31, 2003, were monitored? _____

B. SERVICES

1. Does the facility offer services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, check which services the facility provides to non-residents (see definitions).

- | | |
|--|---|
| <input type="checkbox"/> a. Home Health Care (Licensed home health, HFS 133) | <input type="checkbox"/> f. Adult Day Health Care |
| <input type="checkbox"/> b. Supportive Home Care | <input type="checkbox"/> g. Congregate Meals |
| <input type="checkbox"/> 1. Personal Care | <input type="checkbox"/> 1. In community setting |
| <input type="checkbox"/> 2. Household Services | <input type="checkbox"/> 2. In nursing home setting |
| <input type="checkbox"/> c. Day Services | <input type="checkbox"/> h. Home Delivered Meals |
| <input type="checkbox"/> 1. In community setting | <input type="checkbox"/> i. Referral Services |
| <input type="checkbox"/> 2. In nursing home setting | <input type="checkbox"/> j. Other meals (Includes Jail, Adult Day Care, etc.) |
| <input type="checkbox"/> d. Respite Care | <input type="checkbox"/> k. Transportation |
| <input type="checkbox"/> 1. In home setting | <input type="checkbox"/> l. Other (specify) _____ |
| <input type="checkbox"/> 2. In nursing home setting | |
| <input type="checkbox"/> e. Adult Day Care | |
| <input type="checkbox"/> 1. In community setting | |
| <input type="checkbox"/> 2. In nursing home setting | |

2. Does the facility plan to add other services to **non-residents** in the future? ☐ 1. Yes ☐ 2. No

If yes, specify service(s) to be provided. _____

3. Does the facility currently use a unit-dose drug delivery system? ☐ 1. Yes ☐ 2. No

4. Does the facility have an in-house pharmacy? ☐ 1. Yes ☐ 2. No

5. Does the facility have a policy to allow self-administration of medications by residents? ☐ 1. Yes ☐ 2. No

6. Does the facility currently have residents who are self-administering medications? ☐ 1. Yes ☐ 2. No

7. Does the facility offer hospice services to residents? ☐ 1. Yes ☐ 2. No

If yes, how many residents were in a hospice program under contract with an approved hospice provider on 12/31/03?

8. Does the facility offer hospice services to **non-residents**? ☐ 1. Yes ☐ 2. No

If yes, how many **non-residents** were in a hospice program under contract with an approved hospice provider on 12/31/03?

9. Does the facility offer specialized Alzheimer's support group services to **non-residents**? ☐ 1. Yes ☐ 2. No

10. Does the facility have a specialized unit dedicated to care for residents with Alzheimer's? ☐ 1. Yes ☐ 2. No

- a. If yes, is the unit locked? (Leave blank if no unit.) ☐ 1. Yes ☐ 2. No

- b. Number of beds in unit?

11. Does the facility utilize day programming for mentally ill residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

12. Does the facility utilize day programming for developmentally disabled residents? ☐ 1. Yes ☐ 2. No

If yes, indicate the specific program

(check all that apply)

- ☐ a. In-house
- ☐ b. Referral to sheltered work
- ☐ c. Community-based supported work
- ☐ d. Facility-based day service
- ☐ e. Referral to community-based day service
- ☐ f. Other (specify) _____

C. UTILIZATION INFORMATION

1. Number of beds set up and staffed at end of reporting period (ending December 31, 2003) _____

2. **TOTAL** licensed bed capacity (as of December 31, 2003) _____

3. If the numbers reported in C.1. and C.2. are different, indicate by checking the box(es) below, the reason(s) for this difference and the number of beds affected.

☐ a. Semi-private rooms converted to private rooms.
Number of beds _____

☐ e. Beds temporarily not meeting HFS 132 code.
Number of beds _____

☐ b. Rooms converted for administrative purposes.
Number of beds _____

☐ f. Banked beds.
Number of beds _____

☐ c. Beds out-of-service due to renovation or remodeling (Not HFS 132 related).
Number of beds _____

☐ g. Other (specify) _____

☐ d. Rooms converted for resident program (treatment) purposes.
Number of beds _____

Number of beds _____

4. Does the facility anticipate any bed reduction in the forthcoming year? ☐ 1. Yes ☐ 2. No

If yes, by how many beds? _____

D. RESIDENT INFORMATION

1. Level of Care and Method of Reimbursement on DECEMBER 31, 2003

Place the per diem rate in the appropriate boxes. If per diem rates vary in any category (for example, private room vs. semi-private room), **report an average** per diem rate. For **Medicare**, an "average rate" needs to be provided based on the PPS rates in effect for the Medicare residents in the facility on 12/31/03.

IF APPLICABLE, PROVIDE PER DIEM RATES IN ALL CATEGORIES.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	METHOD OF REIMBURSEMENT					
	Medicare (Title 18) Per Diem Rate	Medicaid (Title 19) Per Diem Rate	Other Government * Per Diem Rate	Private Pay Per Diem Rate	Family Care Per Diem Rate	Managed Care Per Diem Rate
ISN Intensive Skilled Care	\$	\$	\$	\$	\$	\$
SNF Skilled Care	\$	\$	\$	\$	\$	\$
ICF-1 Intermediate Care		\$	\$	\$	\$	\$
ICF-2 Limited Care		\$	\$	\$	\$	\$
ICF-3 Personal Care		\$	\$	\$	\$	\$
ICF-4 Residential Care		\$	\$	\$	\$	\$
DD1A Developmental Disabilities		\$	\$	\$	\$	\$
DD1B Developmental Disabilities		\$	\$	\$	\$	\$
DD2 Developmental Disabilities		\$	\$	\$	\$	\$
DD3 Developmental Disabilities		\$	\$	\$	\$	\$
TBI Traumatic Brain Injury	\$	\$	\$	\$	\$	\$
Ventilator Dependent (See Definition)	\$	\$	\$	\$	\$	\$

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

2. Inpatient Days by Age

- Number of inpatient days of service rendered to all residents UNDER AGE 65 in the facility during the reporting period
- Number of inpatient days of service rendered to all residents AGE 65 AND OVER in the facility during the reporting period
- TOTAL** inpatient days of service rendered (include all paid days), to ALL residents in the facility during the reporting period (January 1, 2003, to December 31, 2003), **(2a + 2b = 2c)**
- Average Daily Census (total inpatient days, *line c*, divided by the days of operation, 365 days, or as reported on page 1, item A.1.)
(Round to the nearest whole number, e.g., 34.0 - 34.4 = 34, 34.5 - 34.9 = 35)

E. PERSONNEL

1. Number of personnel employed by the facility. Enter all personnel on the payroll **and** consultant and/or contracted staff providing service for the **FIRST FULL TWO-WEEK PAY PERIOD IN DECEMBER**. Each person should be counted only once, in a respective work category. **INCLUDE IN-HOUSE POOL STAFF.** Note any special circumstances at the bottom of the page. If the facility is hospital-based, or operates with a community-based residential facility, include only those personnel (full-time, part-time and part-time hours) providing services to the residents of the nursing facility.

*Note: Part-time hours recorded **MUST** reflect the total number of part-time hours worked by all part-time personnel in the category for those two weeks. For example, if 2 physical therapists each worked 10 hours, there would be 20 part-time hours. DO NOT include "contract staff" hours in the part-time hours column.*

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. DO NOT USE DECIMALS.

EMPLOYEE CATEGORY	Full-time Persons	Part-time Persons		Consultant and/or Contracted Staff (No. of Persons)
		Personnel	Hours	
1. Administrator				
2. Assistant Administrators				
3. Physicians (except Psychiatrists)				
4. Psychiatrists				
5. Dentists				
6. Pharmacists				
7. Psychologists				
8. Registered Nurses				
9. Licensed Practical Nurses				
10. Nursing Assistants/Aides				
11. Certified Medication Aides				
12. Activity Directors and Staff				
13. Registered Physical Therapists				
14. Physical Therapy Assistants/Aides				
15. Registered Occupational Therapists				
16. Occupational Therapy Assistants/Aides				
17. Recreational Therapists				
18. Restorative Speech Personnel Staff				
19. Certified Alcohol and Other Drug Abuse (AODA) Counselor(s)				
20. Qualified Mental Retardation Professional (QMRP) Staff				
21. Qualified Mental Health Professional Staff				
22. Dietitians and Dietetic Technicians				
23. Other Food Service Personnel Staff				
24. Medical Social Workers				
25. Other Social Workers				
26. Registered Medical Records Administrator(s)				
27. Other Medical Records Staff				
28. All Other Health Professional and Technical Personnel				
29. Other Non-health Professional and Non-technical Personnel (e.g., Secretarial, Office Staff, Single Task Worker, etc.)				
30. TOTAL (sum of lines 1 – 29)				

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

ACCORDING TO S. 50.095(3)(b), WIS. STATS., SECTIONS E.2 & E.3 ARE *REQUIRED* TO BE COMPLETED.

- | DURATION OF SERVICE | Registered Nurses | | Licensed Practical Nurses | | Nursing Assistants/Aides | |
|---------------------------------|-------------------|-----------|---------------------------|-----------|--------------------------|-----------|
| | Full-Time | Part-Time | Full-Time | Part-Time | Full-Time | Part-Time |
| Hired in 2003 | | | | | | |
| a. Less than 6 Months | | | | | | |
| b. 6 Months to less than 1 Year | | | | | | |
| Hired Prior to 2003 | | | | | | |
| c. 1 Year or more | | | | | | |
| TOTAL (3a + 3b + 3c) | | | | | | |

(NOTE: FACILITIES FOR THE DEVELOPMENTALLY DISABLED DO NOT NEED TO COMPLETE QUESTION 4.)

- (Use the dates of 11/30/03 – 12/13/03 if possible, otherwise, use the first full two-week pay period in December.)*

[illegible]

F. LENGTH OF STAY FOR RESIDENTS ON DECEMBER 31, 2003

Of the total residents in the facility on December 31, 2003, how many have resided in the facility

1. 1 to 30 days? _____
2. 31 days to 99 days? _____
3. 100 days to 180 days? _____
4. 181 days to 364 days? _____
5. Less than 1 year **subtotal (F1+F2+F3+F4)** *
6. 1 Year to less than 2 Years? _____
7. 2 Years to less than 3 Years? _____
8. 3 Years to less than 4 Years? _____
9. 4 Years or more? _____
10. **TOTAL (F5+F6+F7+F8+F9)** **

* **SUBTOTAL MUST** equal the total on Page 14, 6th column.

** **TOTAL MUST** equal the total on Page 10, line 4.

G. SUBACUTE CARE

1. Does the facility have a specialized unit dedicated for residents receiving subacute care? ☐ 1. Yes ☐ 2. No
 - a. If yes, number of beds in unit? (Leave blank if no unit.) _____
 - b. On December 31, 2003, how many residents were in that unit and receiving subacute care? _____
 - c. Is this unit accredited by Joint Commission on Accreditation of Health Care Organizations (JCAHO) for providing subacute care to your residents? ☐ 1. Yes ☐ 2. No

H. FAMILY COUNCIL

(See State Operations Manual, F25).

1. Does the facility currently have an organized group of family members of residents? ☐ 1. Yes ☐ 2. No
 - If yes, how often does the council meet?
(check only one)
 - ☐ a. Once a week
 - ☐ b. Once a month
 - ☐ c. Once in three months
 - ☐ d. Less than quarterly
 - ☐ e. As often as needed
 - ☐ f. Other (specify) _____

I. LEVEL OF CARE AND PRIMARY PAY SOURCE FOR RESIDENTS ON DECEMBER 31, 2003

For each level of care and payer, indicate the number of residents in the facility **ON DECEMBER 31, 2003**, in the appropriate boxes.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL		***					***

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the total Medicaid Eligible, in the following table.

*** TOTAL **MUST** equal the total on Page 10, line 4.

Note: If residents are listed in any category, provide the corresponding rate on Page 5, #1.

J. MEDICAID ELIGIBLE RESIDENTS ON DECEMBER 31, 2003

Of the total Medicaid residents in the facility on December 31, 2003, how many became eligible as Medicaid recipients

1. At the time of admission?
2. Within 1-30 days after admission?
3. Within 31 days to 1 year after admission?
4. More than 1 year after admission?
5. Unknown?
6. **TOTAL (J1+J2+J3+J4+J5)**

Males	Females	TOTAL
		*

* TOTAL **MUST** equal the total Medicaid residents in the above table.

K. ADMISSIONS, DISCHARGES AND DEATHS DURING THE REPORTING PERIOD

1. Persons in the facility on December 31, 2002
(As reported on the 2002 survey, Page 10, Line 4.)

2. Admissions during the year from

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Other
- i. **Total Admissions** (sum of lines 2.a through 2.h)

3. Discharges during the year to

- a. Private home/apartment with no home health services
- b. Private home/apartment with home health services
- c. Board and care/assisted living/group home
- d. Nursing home
- e. Acute care hospital
- f. Psychiatric hospital, MR/DD facility
- g. Rehabilitation hospital
- h. Deceased
- i. Other
- j. **Total Discharges** (include deaths) (sum of lines 3.a through 3.i)

4. **Persons in the facility on December 31, 2003** (include paid bed holds)
*Note: (Line 1, plus line 2.i, minus line 3.j, **MUST** equal the number reported on line 4.) Ensure that the total on line 4 is consistent with December 31, 2003, totals elsewhere on the survey.*

L. RESIDENT ADMISSIONS

1. Level of Care and Primary Pay Source at Admission. Indicate the level of care and primary pay source **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2003**.

DO NOT WRITE IN SHADED AREA

LEVEL OF CARE	PRIMARY PAY SOURCE OF RESIDENTS ADMITTED DURING THE YEAR						TOTAL
	Medicare (Title 18)	Medicaid (Title 19)	Other Government*	Private Pay	Family Care	Managed Care	
ISN							
SNF							
ICF-1							
ICF-2							
ICF-3							
ICF-4							
DD1A							
DD1B							
DD2							
DD3							
Traumatic Brain Injury							
Ventilator Dependent							
TOTAL							**

* Includes Veterans Administration, County Boards, Champus, Community Aids and others.

** TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the following table.

2. Level of Care and Age. Indicate the level of care and age of residents **AT TIME OF ADMISSION** for all residents who were **ADMITTED DURING 2003**.

LEVEL OF CARE	AGE OF RESIDENTS ADMITTED DURING THE YEAR							TOTAL
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	
ISN								
SNF								
ICF-1								
ICF-2								
ICF-3								
ICF-4								
DD1A								
DD1B								
DD2								
DD3								
Traumatic Brain Injury								
Ventilator Dependent								
TOTAL								*

* TOTAL **MUST** equal the **TOTAL ADMISSIONS** on Page 10, line 2.i.

Note: Ensure that the level of care row totals in this table equal the level of care row totals in the above table.

M. AGE AND PRIMARY DISABLING DIAGNOSIS FOR RESIDENTS ON DECEMBER 31, 2003

Each resident in the facility must be recorded **ONLY ONCE** in the category that best explains why he/she is in the facility.
The corresponding International Classification of Diseases code is listed after each diagnosis category.

PRIMARY DISABLING DIAGNOSIS (ICD-9 Code)	AGE GROUP							
	19 & Under	20-54	55-64	65-74	75-84	85-94	95+	TOTAL
Developmental Disabilities								
Mental Retardation (317-319)								
Cerebral Palsy (343)								
Epilepsy (345)								
Autism (299)								
Multiple Developmental Disabilities								
Other Developmental Disabilities*								
Mental Disorders								
Alzheimer's Disease (331.0, 290.1)								
Other Organic/Psychotic (290-294)								
Organic/Non-psychotic (310)								
Non-organic/Psychotic (295-298)								
Non-organic/Non-psychotic (300-302, 306-309, 311-314, 316)								
Other Mental Disorders (315)								
Physical Disabilities								
Paraplegic (344.1-344.9)								
Quadriplegic (344)								
Hemiplegic (342)								
Medical Conditions								
Cancer (140-239)								
Fractures (800-839)								
Cardiovascular (390-429, 439-459)								
Cerebrovascular (430-438)								
Diabetes (250)								
Respiratory (460-519)								
Alcohol & Other Drug Abuse (303-305)								
Other Medical Conditions**								
TOTAL								***

* Specify the "Other Developmental Disabilities" on a separate sheet of paper, or at the bottom of this page.

** Specify the "Other Medical Conditions" on a separate sheet of paper, or at the bottom of this page.

*** TOTAL **MUST** equal the total on Page 10, line 4.

If a resident is listed in any DD category, but is not shown at a DD Level of Care for their Primary Pay Source on Page 9, I, note the reason at the bottom of this page (e.g., the resident does not require active treatment, (N.A.T.), etc.).

Note: Ensure that the column totals in this table equal the row totals on Page 13, N.

N. AGE AND GENDER OF RESIDENTS ON DECEMBER 31, 2003

Age	Males	Females	TOTAL
19 & under			
20-54			
55-64			
65-74			
75-84			
85-94			
95+			
TOTAL			*

* **TOTAL *MUST*** equal the total on Page 10, line 4.

Note: Ensure that the row totals in this table equal the column totals on Page 12.

O. RESIDENT CENSUS AND CONDITIONS OF RESIDENTS ON DECEMBER 31, 2003

Indicate the number of residents on December 31, 2003, who have the following conditions and/or receive the following services or activities. Residents will be counted in each applicable category. Staff most familiar with resident's care and needs should complete this section (e.g., ward or unit nurse). The following items correspond to items in "Resident Census and Conditions of Residents," Form CMS 672 (10-98).

Activities of Daily Living	Independent	Assistance of One or Two Staff	Dependent	TOTAL
Bathing				*
Dressing				*
Transferring				*
Toilet Use				*
Eating				*

* **TOTAL *MUST*** equal the total on Page 10, line 4.

Bowel/Bladder Status	Number of Residents	Special Care	Number of Residents
With indwelling or external catheter		Receiving respiratory treatment	
Occasionally or frequently incontinent of bladder		Receiving tracheostomy care	
Occasionally or frequently incontinent of bowel		Receiving ostomy care	
		Receiving suctioning	
Mobility		Receiving tube feedings	
Physically restrained		Receiving mechanically altered diets	
Skin Integrity		Medications	
With pressure sores (excludes Stage 1)		Receiving psychoactive medication	
With rashes		Other	
		With advance directives	

P. COUNTY OF RESIDENCE PRIOR TO ADMISSION: Information on this page is used by the Department of Health and Family Services to calculate county-specific nursing home bed needs and to recommend to the Legislature any changes in nursing home bed needs pursuant to s. 150.31, Wis. Stats.

In the first column, report the county of last private residence prior to entering any nursing home for all residents as of December 31, 2003. In the second column, report the number of residents admitted during 2003 and still residing in the nursing home on December 31, 2003. If the resident did not reside in Wisconsin, report the state of last private residence. **The number of residents reported in the second column CANNOT exceed the number reported in the first column.**

COUNTY	Number of residents on Dec. 31, 2003	Number admitted in 2003 and still a resident on Dec. 31	COUNTY	Number of residents on Dec. 31, 2003	Number admitted in 2003 and still a resident on Dec. 31
Adams			Monroe		
Ashland			Oconto		
Barron			Oneida		
Bayfield			Outagamie		
Brown			Ozaukee		
Buffalo			Pepin		
Burnett			Pierce		
Calumet			Polk		
Chippewa			Portage		
Clark			Price		
Columbia			Racine		
Crawford			Richland		
Dane			Rock		
Dodge			Rusk		
Door			St. Croix		
Douglas			Sauk		
Dunn			Sawyer		
Eau Claire			Shawano		
Florence			Sheboygan		
Fond du Lac			Taylor		
Forest			Trempealeau		
Grant			Vernon		
Green			Vilas		
Green Lake			Walworth		
Iowa			Washburn		
Iron			Washington		
Jackson			Waukesha		
Jefferson			Waupaca		
Juneau			Waushara		
Kenosha			Winnebago		
Kewaunee			Wood		
LaCrosse			LEGAL RESIDENCE OTHER THAN WISCONSIN		
Lafayette			Illinois		
Langlade			Iowa		
Lincoln			Michigan		
Manitowoc			Minnesota		
Marathon			Other		
Marinette			TOTAL	*	**
Marquette			<i>* TOTAL MUST equal the total on Page 10, line 4. ** TOTAL MUST equal Page 8, line 5.</i>		
Menominee					
Milwaukee					

Q. OTHER INFORMATION ABOUT RESIDENTS ON DECEMBER 31, 2003

1. Of the residents on December 31, 2003, how many were placed under Chapter 51?
2. Of the residents on December 31, 2003, how many had a court-appointed guardian?
3. Of the adult residents on December 31, 2003, how many were protectively placed by court order under the Protective Services Act (Chapter 55, Wis. Stats.)?
4. Of the residents on December 31, 2003, how many had an **activated** power of attorney for health care?
5. Of the residents on December 31, 2003, how many have ever received PASARR Level II Screenings?
6. Of the residents identified in question 5, how many were determined to need special services for developmental disabilities?
7. Of the residents identified in question 5, how many were determined to need special services for mental illness?

Person responsible for completing this form
(**This is who will be contacted if further information is required.**)

Contact person's area code/telephone number EXT:

Area code/Fax number

Email Address

Nursing home's area code/telephone number
(**This number will be published in the Nursing Home Directory.**)

Does the facility have Internet access? ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* nursing home, list the name, city and license number of that facility below.

Name

City

License Number

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (**type or print**)

SIGNATURE - Administrator

Date signed

FOR OFFICE USE ONLY		
COUNTY	<input type="checkbox"/>	<input type="checkbox"/>
POPID	<input type="checkbox"/>	<input type="checkbox"/>
BQADISTR	<input type="checkbox"/>	

